DOCUMENT RESUME

ED 460 491 EC 306 867

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TITLE Evaluating Mental Health Services for Children: The Parent's Perspective.

PUB DATE 1996-02-00

NOTE 9p.; In: A System of Care for Children's Mental Health: Expanding the Research Base. Proceedings of the Annual Research Conference (9th, Tampa, FL, February 26-28, 1996); see EC 306 844. Tables are not available from ERIC.

AVAILABLE FROM For full text: http://rtckids.fmhi.usf.edu/Proceed9th/9thprocindex.htm.

PUB TYPE Reports - Research (143) -- Speeches/Meeting Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Adolescents; *Behavior Disorders; Children; Delivery Systems; *Emotional Disturbances; *Family Needs; *Mental Health Programs; *Parent Attitudes; Parent Participation; Parent Role; *Participant Satisfaction; Program Evaluation; Stress Variables; Surveys

IDENTIFIERS Indiana

ABSTRACT

One-hundred and sixty parents of students (ages 9 and older) who were part of an Indiana Alternative Residential Services (ARS) program were surveyed regarding their satisfaction with services received. At least one response came from 47 family units (46 mothers, 24 fathers, and 25 students). Parents completed the Parent's Stressors Scale, the Cause of My Child's Problem Scale, and the Burden Assessment Scale. Students were primarily male (84.4 percent) with a mean age of 14.4 years and had mental health or behavioral problems (mean age of 11.2 years). Major stressors identified by parents in order of severity were (1) child-focused stressors, (2) parental role stressors, and (3) service system stressors. Parents tended to explain their children's mental health problems as pervasive, likely to last forever, and not caused by themselves. Concerning burden assessment, parents were most burdened by worry over the future and least burdened by demands made by the child. Almost half (48 percent) of parents indicated they wanted exactly what services their children were receiving. Parents generally had highly positive perceptions of, and satisfaction with, their interactions with staff. The child's living at home was associated with significantly higher levels of parents' total perceived burden. (DB)

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The 9th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base (February 26 - 28, 1996).

ED 460 491

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Introduction

Mental health services for children have been described as inaccessible, inappropriate (Saxe, Cross & Silverman, 1988), fragmented, duplicated, too restrictive, not community based, being driven by the needs of the providers or payers rather than by the needs of children and their families, and for failing to include parents as part of the treatment team (Knitzer, 1982; Young, 1990). With a history of inadequate services, the need exists to assure that appropriate treatment is available for children with mental health problems and their families.

The purpose of this study was to gain information about parents' perceptions of and satisfaction with mental health services for their children. Parents' satisfaction is an important outcome measure that serves as an objective of service delivery and a factor in improving future services. Parent's level of satisfaction was defined as the degree that the parent was pleased with parent-staff interactions.

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Method

Research Questions and Data Analysis

This was a cross-sectional, descriptive study that explored relationships among variables at one point in time.

The following research questions were developed:

1. How do parents describe their situation of having a child with a mental health problem?

2. What services do parents desire?

3. How do parents expect to be treated by staff?

4. What are parents' perceptions of staff?

5. What was parents' level of satisfaction with staff?

6. What variables are associated with parents' satisfaction?

7. What variables are associated with child's current living situation?

Descriptive statistics, frequencies, and themes were utilized for the first five questions. T-tests and correlations were used to analyze the association of variables with the dependent variable, parents' satisfaction. T-tests were also used to analyze the association of variables with the dependent variable, child's current living situation.

Subjects

The participants in this study were parents of students with mental health problems who were part of an Alternative Residential Services (ARS) program with state special education fiscal support. Students receiving ARS who were 9 years of age or older were also invited to participate in the study along with their parents. A total of 160 mailings were sent to family units. At least one response came from 47 family units (30% response rate), including 46 mothers, 24 fathers, and 25 students.

Students

Students were primarily boys (84.8%) and were between the ages of 7 and 20 years (M = 14.4 years). Parents reported that students had mental health or behavioral problems for 3 to 20 years (M = 11.2 years). Both mothers and fathers similarly rated the seriousness of the students' mental health or behavior problems as 3.9 on a five-point numeric scale with 5 being "a serious problem" and 1 being "no problem."

Children's placements for services were 42.6% at home, 36.2% in in-state residential settings, and 12.8% in out-of-state settings. Another 8.5% were in other settings such as a nursing home and a supervised, independent living

such as a nursing home and a supervised, independent living situation. The average per child expenditure of ARS funds was $53,019.26 for the 1994-95 academic year, with a range of $0 to $171,232 annually.

Instrumentation

Parents described their situation with: (a) the Parent's Stressors Scale, (b) the Cause of my Child's Problem Scale (CMCP), and (c) the Burden Assessment Scale (BAS).

The Parent's Stressors Scale. Parents identified and prioritized the stressors they experienced as parents of children with mental health problems.

The Cause of My Child's Problem Scale (CMCP). The 18-item CMCP, a revision of McCauley's (1992) Causal Dimension Scale II, measured six causal dimensions including: (a) locus of causality within or external to the parent; (b) stability; (c) personal control; (d) external control; (e) locus of causality within or external to the child; and (f) pervasiveness. The coefficient alpha for the current study was .65 for mothers and .64 for fathers.

The Burden Assessment Scale (BAS). The 19 item BAS, a revision of Rinehard's BAS (1994), measured parents' perceived burden, including objective and subjective burden. The coefficient alpha in the current study was .93 for mothers and .91 for fathers.

Three other factors related to parent satisfaction were measured, including:

- The Parent Satisfaction Scale (PSS). The 7-item PSS measured parents' level of satisfaction with their interactions with staff (Gerkensmeyer, 1996). Coefficient alpha in the current study was .91 for mothers, .87 for fathers, and .87 for the child version.
- The Parent-Staff Interaction Scale (P-SIS). The 13-item P-SIS measured parents' perceptions of how they were treated by staff. (Gerkensmeyer, 1996). Coefficient alpha in the current study was .94 for mothers, .87 for fathers, and .87 for the child version.
- The Expectation of Staff Interactions Scale (ESI). The 5-item ESI, developed by the author, measured expectations the parent or child had about staff. Coefficient alpha in the current study was .89 for mothers, .72 for fathers, and .89 for the child version.

Results

How Parents Described Their Situation

Parents' Stressors. The weighted, prioritized stressors identified by the parents included: (a) child focused stressors obtaining 406 points (32%); (b) parental role stressors obtaining 356 points (29%); (c) service system stressors obtaining 342 points (27%); and (d) family focused

stressors obtaining 342 points (27%); and (d) family focused stressors obtaining 162 points (13%).

The Cause of My Child's Problem (CMCP). Parents did not believe they had personal responsibility for causing their child's mental health problem. The CMCP scale least endorsed by parents on the CMCP was the parents' locus of causality subscale (i.e., within you as a parent; M = 3.8 on a nine-point scale).

Overall, parents tended to explain their children's mental health problems as pervasive, likely to last forever, and not caused by themselves. The most highly endorsed CMCP items by mothers were will affect all parts of your life and is inside your child (M = 7.1), followed by "will last forever" (M = 7.0). For fathers, the most highly endorsed item was will last forever (M = 7.2), followed by is inside your child (M = 6.7).

Burden Assessment. The parents' most highly endorsed BAS item was worried about what the future holds for your child (M = 3.7 on a 4 point scale). The least endorsed burden for both mothers and fathers was resented your child because s/he made too many demands on you (M = 2.0 and 1.9, respectively).

Parents' Desired Services

Several parents (48%) indicated that they wanted exactly what services their children were receiving. Parents also endorsed that they wanted respite services (34%), school based services (27%), in state residential services (27%), home based services (18%), out patient counseling (15%), in-state hospitalization (8%), and partial hospitalization (5%). None of the parents endorsed wanting out of state services; however, 50% (6 out of 12) of those receiving out-of-state services endorsed wanting exactly what they were receiving.

Expectations of Staff Interactions

Mothers and fathers most strongly agreed that they expected to be treated well by staff. Parents least agreed that staff treated them better than they expected.

Perceptions of Staff Interactions

In general, parents had highly positive perceptions of, and satisfaction with, their interactions with staff. The most negative perceptions were within a neutral range. Positively skewed data have been a consistent, long standing problem with consumer satisfaction and perception data (Lebow, 1982), therefore, in identifying areas to improve, the least positive responses need to be targeted, even if, as in this study, they fall in a neutral range. Mothers and fathers did not describe the staff as rude to them (M = 2.2 and 2.0, respectively on a five-point scale with 1 = strongly agreeing and 5 = strongly disagreeing with positive perceptions of

and 5 = strongly disagreeing with positive perceptions of staff interactions). The most negatively endorsed perceptions for mothers were that: (a) staff were (not) helpful in identifying community resources (M = 3.0), (b) staff had limited skills to help their children (M = 3.0), and (c) staff (did not) ask their opinions about what help their families needed (M = 2.9). The most negatively endorsed perceptions for fathers were that: (a) staff were (not) helpful in identifying community resources (M = 2.9), (b) staff (did not) fit services to meet the needs of their children (M = 2.9), and (c) staff were (not) very supportive when they were in distress (M = 2.8).

Level of Satisfaction

Mothers and fathers were least satisfied with how staff helped them find services their children needed (M = 3.0). They were most satisfied with how the staff treated them with respect (M = 2.3) with the lower mean representing greater satisfaction.

The Influence of Child's Current Living Situation

The child's living at home was associated with significantly higher levels of parents' total burden, subjective burden, and fathers' objective burden. Further, of the children living out of their home, those living out-of-state had significantly lower levels of parents' subjective burden, total burden, and mother's objective burden than those with in-state, residential placement (see Table 1).

Parents' Satisfaction

The more satisfied mothers were, the more (a) positive their expectations, (b) helpful they found ARS services, (c) positively staff interactions were perceived, (d) likely parents were to recommend or return to the staff for services, and (e) satisfied fathers and children were with staff interactions (see Table 2 for correlations).

The more satisfied fathers were, the more (a) positive mothers' expectations, (b) likely fathers would recommend or return to staff for services, (c) positively parents perceived staff interactions, and (d) satisfied mothers were. Further, the more satisfied the fathers, the less pervasive mothers viewed the child's problem, the younger the child was, and the shorter length of time the child had a problem. Fathers were also more satisfied when the child was placed out-of-state and least satisfied when they lived at home.

Discussion

With a 30% response rate and small sample size, the findings must be interpreted cautiously. Nevertheless, the findings provide some information concerning the parent's perceptions of their experiences with mental health services.

Parents' satisfaction scores suggest that parents were generally satisfied with the interpersonal interactions of staff. Provision of effective case management is indicated by parents' decreased satisfaction with the staff's ability to help them find needed services for their children and the parents' concern for their children's future.

With parents' level of burden significantly related to their child's current living situation, provision of effective support and resources is indicated in order to assure families' success and well-being when children with mental health problems are living at home. Parents' most highly endorsed desired service, respite service, was consistent with their need for support. Furthermore, services need to address fathers' needs, as fathers had significant increases in all of their burden scales when children with mental health problems lived at home.

With a significant relationship found between parents' reported intent to return or refer to staff and their level of satisfaction, parent satisfaction may be more than an objective of care or a factor in improving services. Parents' level of satisfaction with staff interactions may also be associated with subsequent behavior (e.g., continued engagement with the service delivery system). If so, parents' satisfaction may be associated with other functional outcomes for children with mental health problems. Further research is indicated to substantiate this relationship.

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